

ABSTRACT

AIM

To study the clinical pattern of lower gastrointestinal tract bleeding

BACKGROUND

Lower gastrointestinal bleeding(LGIB) accounts for approximately 20-33% of episodes of gastrointestinal haemorrhage. LGIB is statistically less common than upper gastrointestinal bleeding(UGIB), it has been suggested that LGIB is under reported because a higher percentage of affected patients do not seek medical attention. Despite the fact that Bleeding per Rectum is a common complaint in day to day practice, every attempt should be made to exclude the underlying pathology at an early stage. Often patients are symptomatically treated without diagnosing the underlying cause. A Recent study on the clinical pattern of Lower Gastrointestinal bleeding has not been done. This Study would help in understanding the clinical pattern of Lower Gastrointestinal bleeding by their endoscopic evaluation for further management. Colonoscopy is a less complicated and available diagnostic tool that should be performed in every case of LGIB.

MATERIALS AND METHODS

The study was conducted in 9 Months in the Department of General Surgery, Surgical Gastroenterology and Medical Gastroenterology in Govt. Royapettah Hospital in 119 patients with colonoscopic evaluation, histopathological reports and data collected as per proforma. The inclusion criteria are Acute Massive bleeding, Painless intermittent bleeding, Fresh bleeding mixed with stools, Bleeding per Rectum associated with altered bowel habits, mass abdomen, weight loss and anemia & Malena without any obvious cause for Upper GI bleed. The exclusion criteria are Patients presenting with obvious cause of Upper GI bleed, Patients with bleeding disorders & Patients on anti platelet drugs. Data analysis was done with 95% confidence interval

RESULTS

A total of 119 patients were included in the study and the following statistical data is obtained. Excluding haemorrhoids, Neoplasia of the colon and rectum forms the most common etiology of lower GI bleed (37%) and inflammatory bowel diseases forms 14 %. Although no age is exempted majority of patients belongs to 20-60 yrs. The male : female ratio is approximately 2:1 (79:40). The Pattern of

disease incidence varied grossly, with major etiology for LGI bleed in this study are

anorectal disease ,Neoplasia and Inflammatory bowel disease, but in western statistics , Diverticulosis and Angiodysplasia are the leading causes.

CONCLUSION

In contrast to western literature, in this study the commonest cause of Lower GI bleed is colorectal Neoplasia excluding haemorrhoids Inflammatory bowel disease especially ulcerative colitis is the second common cause of Lower GI Bleed. Accuracy of colonoscopy in diagnosing the etiology approached 96 percent, as only 4 percent of patients remained undiagnosed (patient with positive UGI Scopy and normal colonoscopy already excluded). Majority of the causes for LGI bleed are managed conservatively with minimal morbidity and negligible mortality. Acute bleeding Diverticulitis and Ulcerative colitis are the only two conditions that warranted emergency surgical intervention.

KEYWORDS

Lower gastrointestinal bleeding, colonoscopy, incidence of LGIB, pattern of disease